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7590

04/07/2004

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Marshall ~~XXXXX~~ Gerstein ~~XXXXX~~ & Borun LLP
 6300 Sears Tower
 233 South Wacker Drive
 Chicago, IL 60606-6402



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Sharon M. Sintich

(Depositor's name)

(Signature)

5/6/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/869,414	06/27/2001	Mark E Gurney	29915/6280M	2436

TITLE OF INVENTION: ALZHEIMER'S DISEASE, SECRETASE, APP SUBSTRATES THEREFOR, AND USES THEREFOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/07/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICHOLS, CHRISTOPHER J	1647	435-325000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Pharmacia & Upjohn
- 2 Company
- 3 Thomas A. Wootton

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pharmacia & Upjohn Company

Kalamazoo, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 12

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2855 (enclose an extra copy of this form).

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5/6/04

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 02 FC:1504
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